

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X618

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

27 / 274 7							
Establishm			- 0 .	Telephone Number	Date of In (mm/dd/y		ID#
l	Chi	16	Café	() Establishment 8/2-923-8877	(mm/dd/y	r)	18-
Establishm	ent Addre	ss (nu	imber and street, city, state, zip code)	- 1812-423-281/	19.10	J _ 1a	' -
728	High	la	uder Pt. Dr. Floyde Knobs IN	() Owner	Z - 1	8-19	20
Owner	•		110	Purpose:	Follow-u	p Releas	c Date
	Mei	Ya	n Wu	1. Routine	NO 10 days		
Owner's A	ddwaga	7			10 days		
728	uaress His.41	and	er Pt	2. Follow-up 3. Complaint 4. Pre-Operational CONCI B		.s:	
Person in C	harge						
	M.	ei	Yan Wu			NC	
Responsible	e Person's	E-ma	il en	- 5. Temporary	Menu Ty	pe <i>(See hack</i>	of page)
				6. HACCP	l '		J. 67
Certified Fo	ood Handl	er		7. Other (list)	۱, ,		11/2
	Yei		4 WU 5/25/23		1	33	_4 <u></u> 5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	-		To Be Co	rrected By
		ĺ	Observed cleaning neede	d under paint	ment		
			observed cleaning neede in Kitchen & on walls	a vilder equipi	1-	2 1	
			In Kitigen & on walls	near preptub	<u>ie</u>	Saay	<u> </u>
			near cooler,	• ,		,	
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Received by	(name and	title	rrinted);	Inspected by (name and title pr	rinted):	•	
	J. Wall					1115	1
Danaired I	(alamatuus)			Thomas Sni		<u> </u>	
Received by	(signature)			Inspected by (signature):) ,	•	
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cc:			ce:		cc:		
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